

State of Nevada

Underground Injection Control Program

Class V Well Pre-Closure Notification Form

1. Name of facility: _____

Address of facility: _____

City/Town: _____ State: _____ Zip Code: _____

County: _____ Location: _____ Lat./Long.: _____

2. Name of Owner/Operator: _____

Address of Owner/Operator: _____

City/Town: _____ State: _____ Zip Code: _____

Legal contact: _____ Phone number: _____

3. Type of well(s): _____ Number of well(s): _____

4. Well construction (check all that apply):

☐ Drywell ☐ Septic tank ☐ Cesspool☐ Improved sinkhole ☐ Drainfield/leachfield ☐ Other

5. Type of discharge: _____

6. Average flow (gallons/day): _____ 7. Year of well construction: _____

8. Type of well closure (check all that apply):

☐ Sample fluids/sediments ☐ Clean out well☐ Appropriate disposal of remaining fluids/sediments ☐ Install permanent plug☐ Remove well & any contaminated soil ☐ Conversion to other well type☐ Other (describe): _____

9. Proposed date of well closure: _____

10. Name of preparer: _____ Date: _____

Certification

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32).

Name and Official Title (*Please type or print*)

Signature

Date Signed